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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL
ISSUED MONTHLY

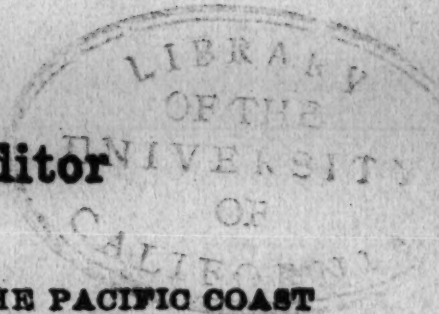
DECEMBER, 1917

O. C. WELBOURN, A. M., M. D., Editor

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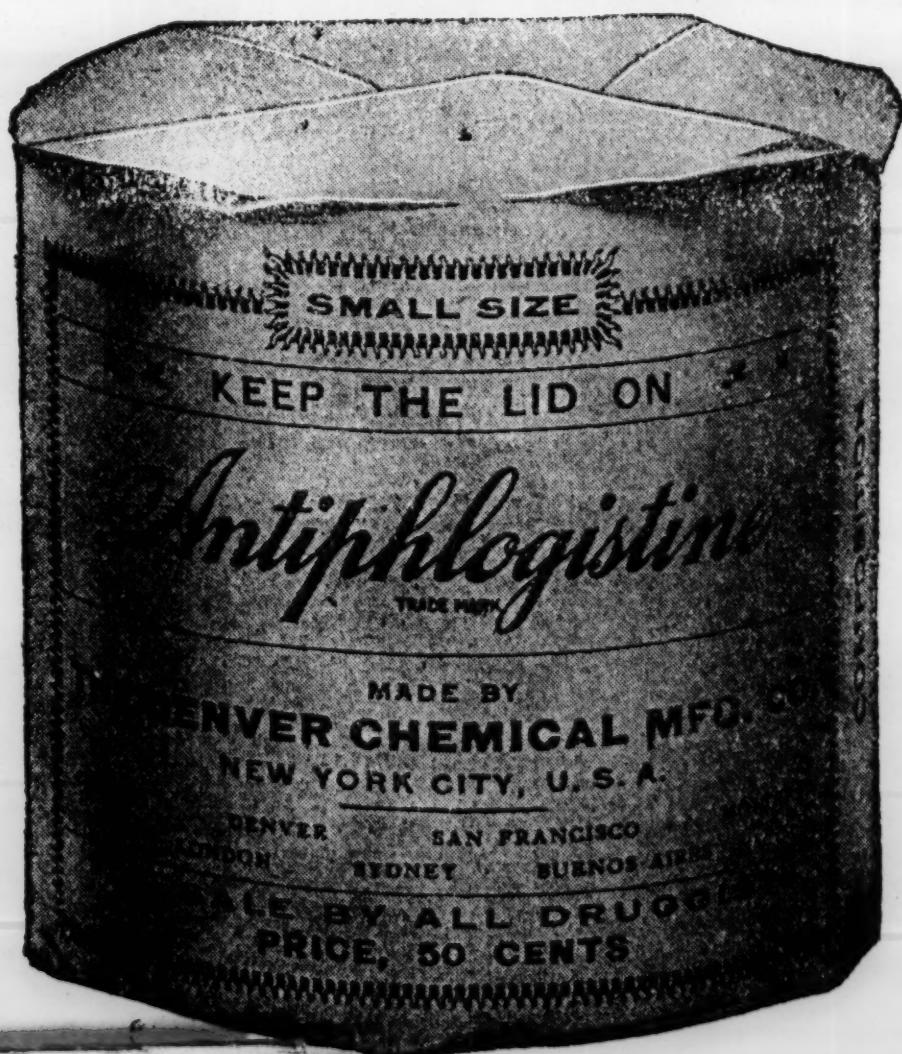
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First Letter—A Physician's Question.

My son, (a physician), has an aggravated case of arthritis at his ankle joint and the arch of his foot. I succeeded (in connection with a brother physician) in reducing the effusion, but the pain still remains, after trying colchicum, gelsemium, salicylates, etc. [Names of Agents supplying Libradol were sent the correspondent, who wished to try Libradol.—L. B.]

Second Letter from the Same Physician.

Libradol has well done its duty. It proved just what the profession claims for it. The arthritis in my son's foot has disappeared, and he is pleased beyond measure. I am writing this at his dictation.

From a Physician in a Large American City.

A few weeks ago a lady about forty years of age called on us to see if we could do anything to relieve her misery. She had deformed joints from which she was suffering agonies. She said that for fifteen years she had traveled from one end of the country to the other, had visited mud baths, hot springs and various sanatoria to obtain relief, but without any apparent success. I told her I could do nothing unless it was to relieve her pain, as she had rheumatoid arthritis-deformans as well as inflammation of the nerve sheaths. She gave no specific history and my test proved that nothing specific caused the trouble. The condition arose after a long siege of "Mississippi malaria."

Physicians had used all kinds of vaccines and hypodermics until they had lost their effect. I gave her powerful light and heat treatment for several days which seemed to relieve the pain, but every night one or two joints would swell and pain her so that she could not sleep. It came near driving her insane. I took a box of full strength Libradol, which I always keep on hand for emergencies, spread it on parchment paper and put it over the inflamed joints. The next morning she reported that she had received more comfort from that than anything else she had ever used. She reports that it is the best pain reliever for her condition that she had ever tried.

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ASTORIA, GREATER NEW YORK.

The California Eclectic Medical Journal

Vol. XXXVIII

DECEMBER, 1917

No. 12

✦ Original Contributions ✦

ECZEMA

Dr. H. E. Stroud, Los Angeles, California.

Read before the Los Angeles Eclectic Medical Society

Eczema is an acute, sub-acute, or chronic catarrhal inflammation of the skin, but this classification was not sufficient and now a name is given that implies the forms we meet in practice. Thus, Erythematous, Vesicular, Papular, Pustular, Rubrum, Seborrheal, Intertrigo, Trade, Squamous, Warty, Fissures, Universal, Eczema Plantar and Palmar, Eczema of the genital regions.

It may be said all eczemas begin with an erythema and end by desquamation. From this inflammatory beginning they assume many types and it is our duty to recognize these and apply the proper remedy. Practically all eczemas are wet at some stage, the discharge stiffens muslin and with no exception every form itches; again every form is made worse by water.

If we carefully consider the form of eczema we are called to treat and diagnose it correctly the difficulty is very slight. We should have success in every case and instead of seeking how many remedies we can use—how few. I eschew formulas with few exceptions. We are ready to tabulate our remedies according to their actions. Soothing and antipuritic and drying: Bismuth, Zinc Oxide, Starch, Calamin, Oils and ointments, lime water, Liq. Plumbi Acetat., Camphor, Tar, Vaseline, Lard, Acid Salicylic, and Sulphur. Stimulating: Green soap, Tar, Resorcin, and Silver.

Nearly all eczemas that are inflamed call for soothing and drying and antipuritic lotions, as Calamine Lotion: Calamine Zinc Oxide, Pulv. Starch aa. oz. ss, Phenol gtt x, Aqua Calcis

oz. 4, Aqua p. s. oz. 8, applied on strips of gauze until it inflammation subsides. In a fairly large area one may see many forms; we must play to the most prominent. The difference between a lotion and a liniment is the latter contains oil instead of water. As the inflammation subsides we substitute ointments varying the proportions as the case demands. The most useful stock ointment is Lassars Paste, Acid Salicylic gr. x-xxx, Zinc Oxide, Starch aa zii, Vaseline or Cold Cream oz. ii. Leaving out the Salicylic we add Sulphur, Lead subacetate, pine, tar, cold tar, Liq. Carbon Det., etc., an endless list could be given.

Eczema Capitis is first treated by soaking the head in Carron Oil, one drop of creosote to the ounce. Then with Calamine Lotion followed by ointments. Eczema of the hands we insist on rubber gloves and medicament as indicated. Of the feet we meet cases where the skin is an inch thick. In some cases I have soaked them in hot bran water for hours, scraped and curretted for an hour and painted with Carron Oil and creosote and done up in rubber and followed with strong Salicylic Acid Ointment. The patient must remain in bed. Chronic Squamous Eczema of the legs and genitalia can surely be cured by the constant application day and night of ointment containing tar. There are cases of the face best treated by Plaster Mul. There are chronic conditions that must be violently stimulated with green soap and 1-10,000 bichloride followed by red oxide of mercury 20 gr. to the ounce. In Universal Eczema the patient must go to bed between sheets and the mildest ointment used or systemic poisoning may occur. We may pick out a good sized patch and treat that as the form demands, as Rubrum with Calamine lotion and later Ung. Plumbi Vaseline diluted or paint small patches with Nit. Silver gr. xvi to Spr, Nitre zi. Weak Lassar's Paste is our main reliance.

There are cases when we are discouraged, but it is frequently the dark before the dawn. We use our stock ointment of Zinc Oxide, Powdered Starch, and try out anything that seems suitable, especially sulphur. Ichthyol has been extensively used. In children the hands must be fastened so they cannot scratch, and on the face use continuously a stiff ointment with a little acid salicylate.

There are squamous conditions of the legs in which we use a gelatine paste, adding sulphur or salicylic and painting it on hot and covering with cotton; retain until it gets loose. After that we must classify the condition that presents, and this almost brings us back to the beginning. An acute eczema

requires the mildest treatment, while a chronic dry state requires stimulation to make the skin take on a certain inflammation, sometimes Powdered Camphor Comp., Pul. Camphor zi-iv.

Starch oz. ss. This is the usual remedy in Interigo, using oil to clean the parts.

Eczema is like a circle—the last word will never be written. The meanest is in every case curable.

THE NARCOTIC HABIT

Further Observations on the Ambulatory Method of Treatment

Dr. A. S. Tuchler, M.D., San Francisco, California.

Read before California State Medical Association.

In a previous article on this subject by the writer in the American Journal of Clinical Medicine, July, 1916, attention was called to a method of treatment for the cure of the morphine habit, without any inconvenience whatever to the addict. One can go about the usual daily routine of duties, with a great deal of comfort and with a sense of optimism, the psychic influence of which will add to the ultimate success of the treatment.

In the first place, it must never be lost sight of, that the physician is treating a patient with a chronic disease. It will take one who uses one grain a day, a much shorter time to be cured of the habit than one who takes a larger amount. When one is deprived of the drug, it is taking away that which is required to keep up the physiological and functional balance of his system. One "should realize that that functional balance and organic and metabolic adequacy in a narcotic addict are largely under the control of, and vary with, the extent to which that patient is kept in an adequate drug balance." (California Eclectic Medical Journal, Los Angeles, California, October, 1916).

When one who is placed in confinement and deprived of the drug, the suffering, both physical and mental, endured by the addict, is beyond comprehension or belief. The custom is, to look upon such as a fiend and not one who is suffering from a chronic disease and lightly given no further thought. It is most cruel and inhuman to deprive one of the narcotic who is accustomed to its use, without giving something to take its place. It is quite customary in our penal institutions, to lock up an addict, if incarcerated for some minor offence,

without any further thought as to his need of the drug. Is simply dismissed, sometimes laughingly, but usually with an exclamation of derision on the part of the attendant.

Now, this idea is all wrong. The body simply requires the drug in order to sustain the equilibrium of the functional balance, etc., in order to go about one's daily duties in a normal manner. Deprived of the drug, one immediately becomes sick for the reason as aforesaid and in consequence, there is a pathological or diseased state to deal with, and to overcome which, is to restore the patient again to a normal or healthy state with the drug to which one is accustomed to. So therefore, when one is deprived of the drug, something must be given to take its place, so as not to disturb this functional balance, etc., of the body. When this drug deprivation is thus brought about in a gradual manner, no inconvenience is felt by the patient.

When one is finally cured of the habit, whether by the ambulatory or sanatorium method, then comes the most critical period and where the patient requires the most care and consideration. This then should be considered the convalescent stage and the patient given the best of care. This stage in the cure of the narcotic habit is the most important one. Many an addict has gone back to the use of the drug, just because the treatment of this convalescent stage had been neglected. At this period, the patient should receive the most careful treatment until the system becomes accustomed to the new order of things.

Not every one can be successfully treated by this method, nor by any other. We have two elements in nature, one is positive, the other is negative. These elements dominate the human being to such an extent as to form one's individuality or personality. So the one with negative element will not exert the will-power necessary to conquer this habit nor any other. It has been my observation that those who failed with that treatment were of that element. Even one possessing the positive nature, will find it necessary to exert quite a good deal of will power in order to conquer the habit successfully.

The general opinion prevails, that those who are addicted to the use of drugs, have no will power and are irresponsible. This usually applies, as noted above, to those of the negative element. My observation is, that one, even though habituated to the use of a narcotic, has just as much pride and will power and honest intentions and reliability as previous to having contracted the drug habit. If one did not possess this characteristic of human nature in the first place and before the use

of the drug, it would certainly be a missing factor in an addict and would seriously interfere with any cure of this habit.

If an addict is naturally honest and of good intentions and of strong will and steadfast of purpose, before he became such, this drug habit will not change his nature but will assist him in the cure. Those were cured by this method of treatment, followed their respective vocations daily and gained in weight considerably. In fact, this increase is noted by all while under treatment, and a sense of well-being and hope prevails, whereas before, it was just the opposite.

It would be of interest to note, in reference to those suffering from pulmonary tuberculosis, that the use of morphine prevents and stops hemorrhage from the lungs and allays pain and cough. Those who are thus afflicted have been given the drug many years ago by their physician to ease their few apparent remaining days and when the disease seemed hopeless, are still taking the drug, and in consequence, are again able to follow their several callings. Hemorrhage invariably follows in these cases when deprived of the drug.

The treatment as previously stated, has been somewhat modified. One need not make any changes in the daily routine, only that the diet must be plain and wholesome,—no sweets, pies nor pastry. Liquor of all kinds must be tabooed, as well the use of tobacco. The excessive use of tea or coffee must also be eliminated. The most important part of the treatment is, that as regards the taking of the medicine, the instructions of which must be carefully followed and the medicines taken with regularity.

As it is necessary to stimulate the liver and bowels, in order to overcome the stagnation which is caused by the drug, the following is prescribed:

Calomel	grain 1/6
Podophyllin	grain 1/6
Bilein	grain 1/8
Strychnine arsenate	grain 1/250

Mix and make one pill. One to four such pills, as may be necessary, to be taken at bedtime and to be followed in the morning by a dose of saline laxative. In some very constipated cases, I find it necessary to give three pills at a dose after each meal, three times a day and the saline in the morning. These and saline are to be taken throughout the entire course of treatment, but with a gradual reduction to one pill three times a day or less, as the bowels become regulated. However, in the beginning, after this free purgation, for two or three consecutive days, the following anti-addiction tablets (Abbotts) are prescribed:

Xanthoxyloidgrain 1
 Atropine valerategrain 1/250
 Cactoidgrain 1/32
 Strychnine valerategrain 1/128
 Nucleingrain 5
 Mix and make one tablet.

One such tablet to be taken every three hours, day and night, until dryness of the mouth is experienced, then only every four hours; but in some cases, one-half tablet will suffice.

While taking these tablets, the drug must be gradually lessened every two or three days 1/4 grain. This can easily be accomplished without any hardship. When the patient begins to realize this, it will be an incentive to make speedier progress and leave off more than the system can stand and thus disturb the adequate physiological balance. Disaster will result in consequence and the patient will be discouraged. So this setback can be avoided by going slowly.

In some cases I note an extreme weakness when this reduction is well under way, which the tablet will not overcome. So I find it necessary to give strychnine nitrate, gr. 1/60, with each dose of morphine; this is gradually increased to 1/30th of a grain with each dose, two or three times a day. It is astonishing the amount of strychnine one will tolerate during the course of this treatment without any symptoms of saturation.

In patients of a nervous temperament, there is then that factor also to contend with, so the following will quiet and soothe and promote rest and sleep:

Specific medicine avena.....oz. I

Specific medicine hyoscyamus.....oz ss

Mix and take twenty drops at bedtime in a cup of hot water. This can be repeated, if necessary, during the night.

The psychic influence of the physician and his encouragement, is no mean factor in getting results and when the above outlined directions are conscientiously followed, success will certainly follow one's efforts and a grateful patient besides.

CHLORAZENE

A. P. Baird, M.D., Los Angeles

Read before the California Eclectic Medical Society.

The new antiseptic. I feel sure that there is no Eclectic worthy of the name but who will welcome any addition to the materia medica that will be an aid in combating disease, and especially septic conditions. Perhaps some good old-fashioned

eclectic may say, what improvement can there be over our Black Sampson?

Chlorazene is not in the same class with Echinacea at all and never could take its place, but I am also quite sure that Echafolta as a dressing for septic wounds is not comparable with Chlorazene. Dr. H. D. Dakin is the man who introduced it to the profession. It was while studying wound sepsis on the French battlefield that he evolved this para-toluene-sodium-sulphochloramide which has been christened Chlorazene. It is a white chrystaline substance freely soluble in water, is extremely stable, that is in the solid form. It may be preserved indefinitely, while aqueous solutions will keep for months without deteriorating in volume or any significant decomposition. It has no corrosive action in concentrated solutions, it neither precipitates nor coagulates proteins. It is virtually non toxic, rabbits tolerate a gram to a kilo body weight with no symptoms except moderate local reaction, but it should not be swallowed.

Its germicidal action is 2000 times that of phenol in water, 30 times that of phenol in serum, as tested upon staphylococci, and each molecule four times that of hypochloride, so warmly praised by Dr. Alexis Carrel. This is what the Abbott people who manufacture it say of it.

Most of you no doubt have noticed some of the articles in the daily papers on the subject in connection with its work at the front and in the hospitals of France. I have seen but little about it in the medical journals. It was brought to my attention by Dr. Miller, the Abbott representative in Los Angeles. I began its use about the first of November, 1916, and perhaps have used 500 tablets of 4.6 grains between then and now, with nothing but uniform satisfaction. The great factor in commending its use is the fact that it is non-toxic and, save for a burning sensation which lasts for one-half to four hours, is non-irritant. In some cases the burning is quite marked, but not so very disagreeable, greatly depending on the strength used. When there is a decided septic condition I use a 4% solution until the sepsis is well controlled which usually takes two to four days, then 2% for a few days longer, then 1%, the $\frac{1}{2}\%$, and as low as $\frac{1}{4}\%$ in some cases. When there is no sepsis but great danger of such I use a 1% until the danger point seems over. As an application to diseased mucous membranes $\frac{1}{2}\%$ is usually sufficient to produce a healthy condition such as in vaginal and uterine leuchorrhoea; in conjunctivitis $\frac{1}{4}\%$ is quite strong enough. To produce good results as a wash for foul condition of the mouth $\frac{1}{4}\%$

has a remarkable influence in sweetening things up. (Just what effect it would have on the very foul mouth of a person addicted to chewing, smoking, drinking, lying, blaspheming, &c., &c., I don't know, but think that if it were given strong enough and some of it swallowed it would surely produce results).

It is also used in the form of a cream for wounds, bruises, eczematous, and other skin troubles, but of that I cannot freely speak yet. However, one of its grandest accomplishments is when it is used in combination with a parafine wax called Parazene for the speedy cure of burns. The *modus operandi* for such cases is to melt the wax, Parazene, and either spray or brush it over the wounds with a camel-hair brush. First clean the burn thoroughly with Chlorazene, dry with sterile gauze or cotton, then brush a layer over the wound, extending about one-fourth inch beyond the burned margins; now spread a thin layer of sterile cotton on this and brush another layer over the cotton, cover with gauze and cotton sufficient to protect this; to be removed in 24 hours and repeated every 24 to 48 hours until well, which will take place in such an incredibly short time as to astonish you, and the beauty about it is after the first dressing in a few hours the patient experiences an almost entire freedom from pain.

My object in bringing before this body my experience with this agent is to put into your hands one of the most powerful, indeed the most potent of all antiseptics with which I have any acquaintance. The great beauty in using it is you need not fear any toxic action even when injected into deep suppurating wounds and allowed to remain there; it only kills the bacteria without injuring the tissues, or being absorbed as a toxic element.

GENITO-URINARY DISEASES WITH RELATION TO RHEUMATISM

A. W. Berrow, M. D., Hot Springs, Ark.

"Rheumatism with Relation to the Genito-Urinary Tract" would perhaps have been a better title to this short paper. I was asked to write a paper on genito-urinary diseases for this section, and thought this matter might be brought stronger or plainer to the mind of the profession, especially the treatment of such diseases of the genito-urinary tract as relates to rheumatism. My experience of over twelve years in Hot Springs, Ark., where we get the most chronic cases of gonorrhea and syphilis, impresses me with this relationship.

It seems to me the urine being abnormally acid irritates

the genito-urinary tract, causing contraction or astringency and rendering muscles tense, contracted, void of elasticity, producing pain on motion, constipation and stiffness, the muscles become inactive and motion naturally decreases. So look for strictures in males suffering from rheumatism in the feet and knees, and treat the genito-urinary tract for the quickest and most permanent results.

Many also come here for treatment for rheumatism by the baths who have no venereal history and very often want to try the baths alone first, and it is these cases I particularly refer to, as we would not expect any strictural condition. You will find urethritis in some degree in most all the chronic cases, and cystitis in many of them; by treating the urethra and bladder by irrigation, and alkaline antiseptics internally and locally you will get quicker and more permanent results.

I have treated some of these cases without dilation and irrigation and rheumatic prescriptions and had results, but in a year they would return as bad as before and I would employ the other treatment outlined, and very few of them ever returned for rheumatic treatment, and when they have returned for other treatment I had a chance to examine them and found them free from rheumatism, though they had the same exposures, occupation and climate.

Treatment—Dilate the urethra with a sound just large enough not to be painful; use about two different sizes at a treatment every other day till the desired size is reached and all soreness has left the urethra. The first time the patient will complain often of the tenderness, say it did not hurt them till then; it is convincing to you if you find a tender urethra, you will get good results. In an old chronic stricture I find it best to cut the stricture; you get quicker and more permanent results.

Use any good wash for the bladder, such as permanganate or glycothymoline. If it is a specific infection use a 20 per cent solution of argyrol, injected three times a day, then once as indicated, or 1 to 2 per cent of protargol is much cheaper and very effectual.

Internally, specific medicine hydrangea, agrimonia, hydrastis, apis or cantharis is used. For the rheumatism use specific medicine macrotys, colchicum, belladonna, bryonia or fluid extract manaca.

To render the urine alkaline use urotropin, cystogen or uritone. Give plenty of soft water; massage the prostate gland if it needs it; a rectal injection once or twice a week aids in elimination.

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OUR WAR

We hear a great deal about the "war on the west front," "the war on the east front," "the war in Italy" and "the war in Palestine," but comparatively little about "our war." Apparently some of us do not fully realize that we are really at war and that we shall win or lose largely by our own works. In order to win it is absolutely necessary that we shall be in deadly earnest and that we shall make a great effort. Not for this month or next month, but for this year and next year as well. That we have great potential strength is well known, but without a skillful and sustained effort we shall accomplish nothing. No one familiar with the history of the German Empire can doubt for a moment the object of its rulers. They worship "MIGHT!" We worship "RIGHT!" Two ideals which are absolutely antagonistic, and always more or less at war. Which one shall win? The decision lies with us. This is "Our War."

GERMAN EFFICIENCY AND THE SOUL

In the olden days, somebody once asked, "What shall it profit a man, if he gain the whole world and lose his own soul?" and Prussia, in these later days, has answered—soldier, philosopher and economist alike—that it would profit immeasurably; that the loss of the soul was but a small price to pay for the winning of the whole world, and the setting up of a State which, in power, wealth and prestige, should overtop even the Roman Empire itself in the most august days of the Caesars.

Just when it was that Prussia reached the conviction that the soul was a stumbling block in the way of material and military success, it would be hard to say. Those of us who have read the Confessions of Frederick the Great, will feel that as early as the middle of the eighteenth century the father of modern Prussianism had "lost his own soul," having cast it out as being antagonistic to the principles of the infamous Machiavelli, of whom he was an avowed and delighted pupil.

Perhaps it will be as well, before we go any further, to define our terms. The soul of which we speak is the soul as recognized by the greatest moral teacher of all time, whom we have quoted above. And when he asked his question, nineteen hundred years ago, the world knew perfectly well what he meant by the soul, for the term had conveyed a clear idea to men's minds from the very dawn of civilization. It means the same thing throughout the civilized world today, except in those portions of it upon which has fallen the dark eclipse of so-called Prussian Kultur.

The Prussian, of course, would indignantly deny that he had lost his soul. Judging from the Kaiser's boisterous announcement of his copartnership with the Almighty, he believes, doubtless, that in discarding the soul of Christianity he has found the super-soul of Kultur, the soul of the superman. Be that as it may, it is certain that the deceit, dishonor and trickery which, as our State Department has shown, marked everywhere the course of Prussian diplomacy before the war, and the murder, rapine, piracy and unprintable abominations which the Prussian Army has perpetrated during the war, prove that Prussia, from Emperor down to enlisted man, has cast out of herself that very soul, which has banded together practically all the civilization of the earth to break down and blot out, once and for all, a military philosophy, which, reduced to the language of everyday life, stands for mere burglary and brigandage.

In material things, at least, the Prussian is nothing if he

is not logical; and when he set out to conquer the world by military methods he determined to apply to the problem the acid test of material efficiency. He passed in review the whole range of mundane life, all that goes to make up the sum total of human activity. Everything that would conduce to the winning of world domination he retained. Everything that would not he cast out. During this process of selection, he came to consider the soul, with its attributes of honor, mercy, humanity, fidelity, chivalry, charity and moral rectitude. And he found that, so far from contributing to the highest military success, the soul of Christianity and civilization, with its obligations to magnanimity, generosity and good faith, was utterly incompatible with that cold, remorseless, material and military efficiency, by the development and exercise of which, he hoped at once to Prussianise and possess the world.

And so, with deliberation and with clear-eyed knowledge of what he was doing, he put aside the soul as likely to prove not only unserviceable, but utterly destructive both of his unholy philosophy and the barbaric dream which it cloaked but did not entirely conceal.

Now, in our modern civilization, when a man deliberately casts out his soul, we class that man as a criminal. It matters not what particular form of outlawry he adopts; whether he become safecracker, house burglar, horse thief or counterfeiter—he is a criminal by choice and by profession. Nor does the possession of extraordinary mentality, of rare versatility, of many accomplishments in the arts and sciences, or of the social graces, serve to do anything more than make heavier his accountability and increase the detestation of his crime.

By the degree to which Germany has been fruitful in art, science, industry and social uplift, by so much the more was the murder of her own soul a foul deed, first against herself and then, as the present frightful catastrophe has shown, against the whole of humanity.

Therefore, when we read of a Bernstorff using the privileges of his high and honorable office as a channel for treacherous intrigue—of a Hollweg announcing, without a tremor of shame, that Prussia had torn up a treaty and invaded a small and friendly state because it suited her convenience to do so—of a Von Kluck standing silent and acquiescent while his soldiery fell upon the helpless peasants with rape, robbery and the torch—of a Tirpitz besmirching the chivalric traditions of the sea by the deliberate drowning of unarmed and unoffending men, women and children—of the deliberate violation of that sacred symbol, the Red Cross—of a Kaiser standing in the

midst of this organized deviltry and calling upon God to witness that he ever was, is now, and ever will be, the apostle of peace and good will—when we read of such doings, let us cease to cry, "How can these things be?" and remember that, when a nation has lost its own soul, these are the very things that will inevitably happen.—(Scientific American.)

COLD AND COLDS

Notwithstanding some strenuous contemporary effort to belittle the nomenclature of our ancestors, the name "colds" as applied to that dismal combination of sneezing, nose blowing and general wretchedness, is a good one. Cold is almost invariably the primary cause of colds, while bacteria, which of late have been receiving the chief credit for these disturbances, come in secondary and tertiary sequence. Bacteria swarm most abundantly in warm weather, and yet winter is the season for colds. Yes, there are summer colds, but they follow some indiscretion, such as sitting on the cold ground, or lying in a relaxed state in too much intimacy with a heat-extracting draught. In either of these instances fatigue may be placed first etiologically and cold second, but neither of these places can be given over to bacteria, which, thus given the opportunity to do so, finally kick up the main part of the trouble. Cold is, and always has been, the greatest enemy to life. Life swarms in the tropics, but leads a sorry existence at the poles. And this reminds us of the chief argument of the all-bacteria etiologists for colds. They will say immediately that Arctic explorers do not suffer from colds until they return to civilization, when "they all come down with colds." It may be that the aiders and abettors of cold in its production of disease are absent or in abeyance in the Arctic regions, but men who go into that region become so exhausted during their prolonged exposure to cold that they are rendered upon their return to warmer regions a more than easy prey to the bacteria. We have never read that explorers in the tropics succumbed to colds on their return to the temperate regions, even though the return is made in January. Even the Indians knew enough to keep themselves warm and especially to guard against refrigeration of the extremities. Ben Franklin tells us how they took this precaution even in time of war when it was too dangerous for them to have a smoking fire. They dug a pit in which they set fire to charred remains of burned trees, and slept with their legs dangling in the hole. A hunter in the Canadian woods who, notwithstanding his absence from civ-

ilization, took a severe cold, asked his sole companion, an Indian guide, how to keep from taking cold. He received the laconic reply, "Keep your feet dry." Even an Indian whose skin has not been so softened to the effects of colds as have ours, appreciates that cold is the antecedent of colds and takes precaution accordingly.

Undoubtedly, over-exposure to high temperatures may also reduce our immunity to the germs lying about, but the colds we take after being in overheated rooms probably more often come from the resulting chill of going too abruptly into the cold than from the warmth of the room itself, although superheating renders an animal more susceptible to infection. It is, however, only in cold weather that rooms are heated much above the surrounding atmosphere. Again, cold is really to blame for the results. "Bad air" is usually the result of economy in fuel. Poor ventilation is unknown in July.

An ideal room temperature for the sedentary is that between 66 and 70 degrees. Below these temperatures the heat-regulating apparatus of the body finds it necessary to close up the peripheral vessels more or less, internal congestion slowly begins and the conditions for a cold are secured. As most of us are slow to respond to the intelligence of a temperature only a few degrees lower than that for comfort, though we are less obtuse to stronger thermic impulses, the temperature between 60 and 66 degrees has been well termed the danger zone, and undoubtedly more colds are acquired at these than at lower temperatures. We should be alive to our inner thermomonitor, if we may coin the word, and respond accordingly, even at the expense of a few hodfuls of coal, for often a cold and its consequences will cost more than a ton of fuel. For those of weakened circulation, and especially old people, the temperature must often be higher than 70 degrees in order to be on the safe side.

Because cold is an enemy of the body, the body reacts against it as against any stimulant. But the body can go only so far and cold, which at first is an excitant, may quickly become a depressant. When fresh and active we may laugh at, and laugh with, cold; but when fatigued, or in bodily repose, we would better beware its subtle approach.—(Dietetic and Hygienic Gazette.)

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

NEWS ITEMS

Mrs. Frances Zahn, mother of Dr. L. Paul Zahn, died on Nov. 1st at her home in Los Angeles. Mrs. Zahn had been one of the most active women in Los Angeles along the line of philanthropy for a great many years.

Dr. Clinton Roath and Dr. Clyde Roath lost their father by death on October 30th after a few hours' illness. The Journal extends sympathy.

Dr. M. Blanche Bolton, who has been in San Francisco for three months, was in Los Angeles recently for a few days, after which she returned north.

Dr. Judson Liftchild has changed his address to Shawmut, Tuolumne County, where he expects to remain until next fall.

The November meeting of the Los Angeles Eclectic Medical Society met with Dr. H. C. Smith at his offices in Glendale, later adjourning to his residence. The meeting was well attended and an enjoyable and profitable session had. The next meeting will be with Dr. Baird at his delightful home in Eagle Rock.

The January issue of the Journal will probably be a few days late because of the absence of Dr. P. M. Welbourn in the East.

DIED—Dr. Frank Cornwall died on August 30th. Dr. Cornwall was a graduate of E. M. C. 1869 and was 71 years of age at the time of his death. For many years he was a prominent physician of San Francisco specializing in eye, ear, nose, and throat work and for twenty-five years he held that

chair in the California Eclectic Medical College. Early in this year he retired from practice and went to live on his ranch in Sonoma county, where he died on August 30th. He leaves a widow, one son and one daughter.

In Pruritus—even in severe forms of genital, anal, diabetic, eczematous itching, K-Y Lubricating Jelly in a great majority of cases will bring relief, or at least grateful alleviation.

To anoint the skin in these conditions, K-Y Lubricating Jelly is not only effective, but convenient and economical, since it can be used without staining or soiling the bed clothes or the patient's linen. If the part is washed before each application, the best results are obtained.

In Neuritis, IS the Hot Water oBttle the Best Anodyne? Palliation, by means of externally applied heat, is just as popular today as it was in Hippocrates' time.

The hot bath and the hot-water bottle are wonderful comforters. But who can be continuously in the bathtub, or who can be forever carrying a hot-water bottle? And how all too soon does the most faithful hot-water bottle lose its ardor and its temperature!

There is no simple adjunct in this category more simple and more genuinely effective than application by the patient himself, if possible, along the course of the affected nerve, with "K-Y" ANALGESIC (methyl-salicylate, camphor and menthol, combined in a non-greasy, water-soluble base).

K-Y ANALGESIC has the obvious advantage over the hot-water bottle, in that "it stays put" for a much greater period of time. Nor is there the possible danger of a hot-water burn—a factor especially to be thought of where the neuritis patient is weak and infirm.

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Sanmetto is a mild, non-irritating diuretic, which allays urinary irritation and increases urinary secretion. It is thought of in prostatitis, pyelitis, purulent or catarrhal cystitis, irritable condition of the bladder, gonorrhea, enuresis in children, and in fevers where a mild diuretic is desirable to increase the secretion of urine. Sanmetto has been used by thousands of physicians in old men with irritable bladder and difficult urination, and they have found it a very satisfactory medicine. It is safe and harmless, and by its soothing action on the mucous membrane of the bladder it relieves the irritation, and adds greatly to the comfort of the patient. It increases the flow of urine, lessens the specific gravity, clears up cloudy urine, and relieves undue acidity. In all these ways it is of great benefit to the patient. In enlarged prostate it has done good service by its soothing qualities while reducing the enlargement.

1885

1915

Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned laboratory experts who standardize remedies according to physiological processes, Echinacea has no value. (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents clinically, and who employ it in disease treatment, Echinacea is of exceeding value. (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of Echinacea by physicians in active practice, without a single report of injury or death, proves that it has no unkind action.

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the American Dispensatory:

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." *Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains"*.

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used Echinacea in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION. Twenty years ago, it was said of Echinacea, "Await the voice of time. If Echinacea stands the test of experience, it will live. If it is inadequate, it will die". Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is Echinacea.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of Echinacea. That the laboratory standardizers are correct (see page 13), in that Echinacea is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary Echinacea dose. Chemists will probably continue to find Echinacea elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use Echinacea will probably continue to employ and commend it, as they have in the past.

LLOYD BROTHERS, CINCINNATI, OHIO.

October, 1915.

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 If Patient suffers from **THE BLUES** (Nerve Exhaustion),
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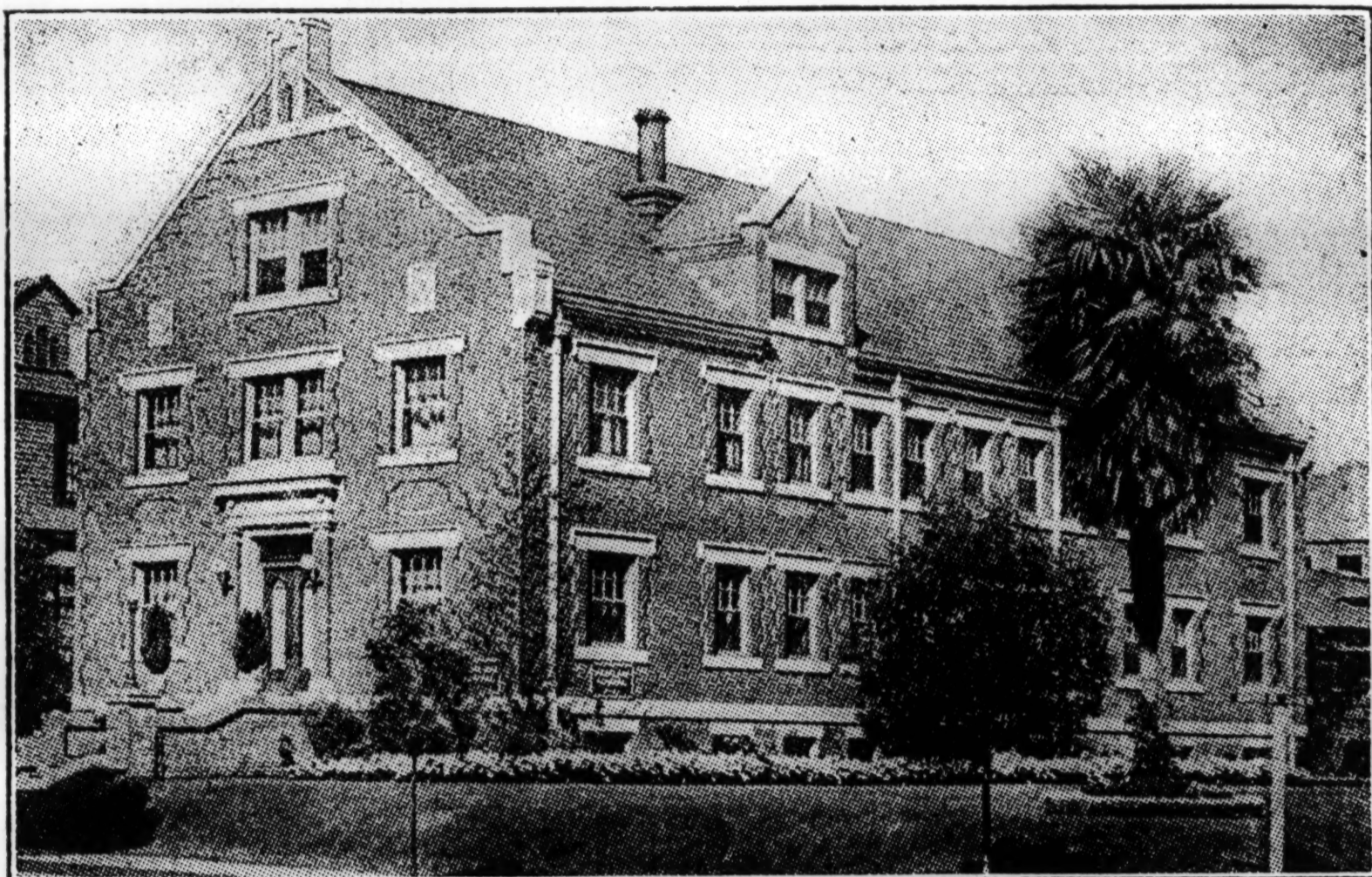
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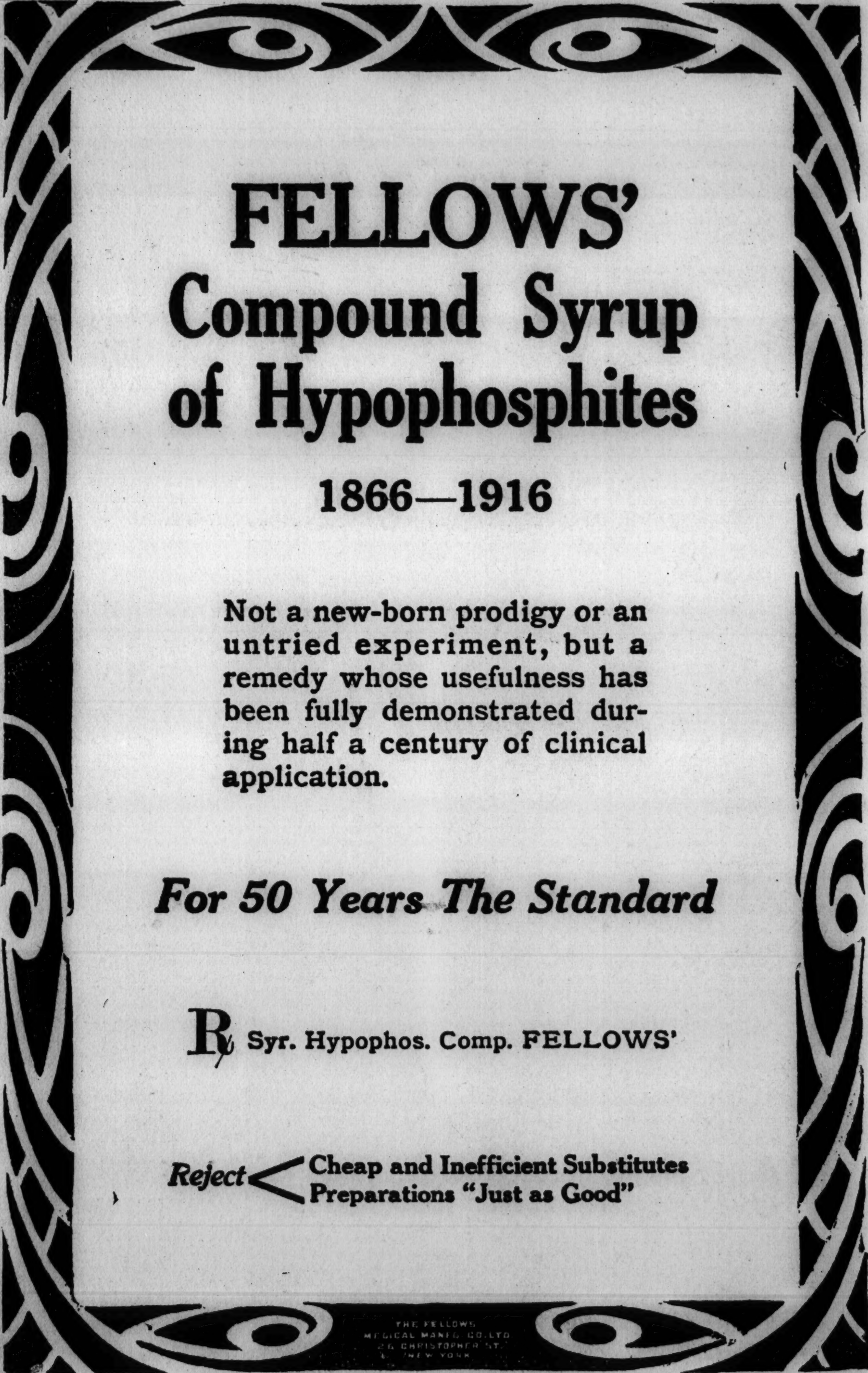
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